

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Electronic Version v11

Stylesheet Version v10

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|---|--|--------------------------------|----------|-------------------|-----------------|
| Title of Invention | PROCESS FOR MANUFACTURE OF PENTAERYTHRITOL DIPHOSPHITES | | | | |
| <p>As the below named inventor, I declare that:</p> <p>This declaration is directed to the invention titled: " PROCESS FOR MANUFACTURE OF PENTAERYTHRITOL DIPHOSPHITES"</p> <p>I believe that I am the original and first inventor of the subject matter which is claimed and for which a patent is sought;</p> <p>I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;</p> <p>I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.</p> <p>All statements made herein of my knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.</p> | | | | | |
| <p>FULL NAME OF INVENTOR:</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">Inventor: Mr. Carroll W. Larke</td><td style="width: 50%; padding: 5px;">Inventor</td></tr><tr><td style="width: 50%; padding: 5px;">Signature : /cwl/</td><td style="width: 50%; padding: 5px;">Citizen of : US</td></tr></table> | | Inventor: Mr. Carroll W. Larke | Inventor | Signature : /cwl/ | Citizen of : US |
| Inventor: Mr. Carroll W. Larke | Inventor | | | | |
| Signature : /cwl/ | Citizen of : US | | | | |

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR MANUFACTURE OF PENTAERYTHRITOL DIPHOSPHITES

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____

☐ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended identified amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37, CFR §1.56

I hereby claim foreign priority benefits under 35, USC §119 of any foreign application(s) for patent or inventor's certificate listed below or also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application in priority is claimed:

Prior Foreign Application(s):

| | | | |
|--|--|--|--|
| No. _____ Country _____ DY/MO/YR Filed _____ Priority claimed: <input type="checkbox"/> Yes <input type="checkbox"/> No | No. _____ Country _____ DY/MO/YR Filed _____ Priority claimed: <input type="checkbox"/> Yes <input type="checkbox"/> No | No. _____ Country _____ DY/MO/YR Filed _____ Priority claimed: <input type="checkbox"/> Yes <input type="checkbox"/> No | No. _____ Country _____ DY/MO/YR Filed _____ Priority claimed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|--|

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by paragraph of 35, USC §112, I acknowledge the duty to disclose material information as defined in 37, CFR §1.56(a) which occurred between filing date of the prior application and the national or PCT international filing date of this application:

| | | | |
|---|---|---|---|
| Ser. No. _____ DY/MO/YR Filed _____ Status: _____ | Ser. No. _____ DY/MO/YR Filed _____ Status: _____ | Ser. No. _____ DY/MO/YR Filed _____ Status: _____ | Ser. No. _____ DY/MO/YR Filed _____ Status: _____ |
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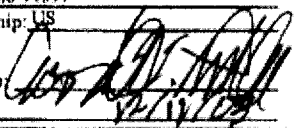
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith: Louis F. Wagner, Reg. No. 35,730 and David P. Dureska, Reg. No. 34,152.

Place Customer No. Label Here

Address all telephone calls to: Louis F. Wagner at telephone No. (330) 258-6453

Address all correspondence to: Customer No. 24115

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so punishable by fine or imprisonment, or both, under of 18, USC §1001 and that such willful false statements may jeopardize the validity of any patent issued thereon.

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| FIRST OR SOLE INVENTOR Name: <u>Carroll W. Larke</u> Residence (City): <u>Zoar</u> (State/Country): <u>Ohio, US</u> P.O. Address: <u>996 Michael Lane</u> <u>Zoar, Ohio 44697</u> Citizenship: <u>US</u> Signature:  Date: _____ | SECOND INVENTOR Name: _____ Residence (City): _____ (State/Country): _____ P.O. Address: _____ _____ Citizenship: _____ Signature: _____ Date: _____ | THIRD INVENTOR Name: _____ Residence (City): _____ (State/Country): _____ P.O. Address: _____ _____ Citizenship: _____ Signature: _____ Date: _____ |
| FOURTH INVENTOR Name: _____ Residence (City): _____ (State/Country): _____ P.O. Address: _____ _____ Citizenship: _____ Signature: _____ Date: _____ | FIFTH INVENTOR Name: _____ Residence (City): _____ (State/Country): _____ P.O. Address: _____ _____ Citizenship: _____ Signature: _____ Date: _____ | SIXTH INVENTOR Name: _____ Residence (City): _____ (State/Country): _____ P.O. Address: _____ _____ Citizenship: _____ Signature: _____ Date: _____ |